



Provider Educational Meetings  
February 26-March 1, 2013

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# Agenda

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- Welcome and Introductions
- KanCare Overview and Plan Assignments
- Continuity of Care
- Common Questions
- Health Plan Presentations
- Break
- Questions
- Wrap-up

# KanCare Overview

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- On January 1<sup>st</sup>, the Kansas Medicaid and Healthwave programs became KanCare
- Everyone who was in Medicaid or HealthWave before became part of KanCare in January—no changes were made to eligibility for the program
- The State is working with managed care organizations (MCOs) or health plans
  - Amerigroup of Kansas, Inc (Amerigroup)
  - Sunflower State Health Plan (Sunflower)
  - UnitedHealthcare of the Midwest (United)
- Consumers can choose their KanCare plan

# KanCare Overview

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- The KanCare program did not cut any services for consumers—all services that were available before January are still available now
- KanCare also did not cut rates to providers—all providers must be offered a contract with no less than the previous Medicaid fee for service rates
- The State encourages all providers to contract with all three health plans if possible. This ensures that consumers have access to the broadest array of service providers.

# Health Plan Assignments

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- In the fall, every consumer was assigned to one of the three health plans based on a number of factors. These included:
  - Where their Primary Care Provider (PCP) was enrolled
  - Where their nursing facility was enrolled
  - Where another family member's PCP was enrolled (families were kept together)
  - Even distribution across MCOs

# Health Plan Assignments

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- Consumers have until April 4 to change their health plan if they choose to do so.
- If a change is made in the middle of the month, it will be effective on the first of the following month.
- Consumers can change their plan by phone, online, or by mailing in the enrollment form.
- Providers can tell consumers which plans they are contracting with to help the consumer's decision.

# Continuity of Care in KanCare

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- The first 90 days of the KanCare program are being treated as a “continuity of care” period.
- The idea is that consumers and providers will have at least the first three months of the new program to transition to managed care.
- During the continuity of care period, all providers will be considered “in network” by each of the three MCOs, even if they have not completed the contracting process

# Continuity of Care in KanCare

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- Consumers can continue to see any of their existing providers during the first 90 days to ensure continuity of care.
- The MCOs will also honor all existing plans of care and prior authorizations during this time.
- After the first 90 days of the program, if providers have not completed contracting, they may be considered out of network by the KanCare MCOs.



# Continuity of Care in KanCare

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- For consumers living in a nursing facility or other residential setting, providers will receive the fee-for-service Medicaid rates for one year, regardless of their contracting status.
- For consumers on an HCBS waiver program, up to 90 additional days will be available for existing plans of care and providers if a new care plan is not established within the first 90 days of KanCare.

# Continuity of Care in KanCare

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- During the continuity of care period, providers who are still in the process of contracting can follow the prior authorization list for participating providers and do not have to PA every service.
- After the continuity of care period, providers who are not contracted with an MCO will receive 90% of the Medicaid fee for service rates and will need to follow the PA rules for out of network providers.

# Common Questions

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- How do I bill my claims to the KanCare health plans?
- Answer: You have several options.
  - You can bill through the State's front-end billing system (KMAP).
  - You can bill the MCO directly.
  - You can use a commercial clearinghouse that works with the MCO
  - You can bill paper claims.

For specific claims filing questions, contact the specific MCO.

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# Common Questions

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- I used the Authenticare system before. Do I still bill through that system now?
- Answer: Yes. If you have questions about billing through Authenticare, contact First Data.
  - First Data Help Desk 1-800-441-4667 option 6  
[clientsupport@firstdata.com](mailto:clientsupport@firstdata.com)

# Common Questions

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- What if my patients do not have me listed as their PCP on their card? Can I still see them?
- Answer: Yes. We know that in some cases, you may have been seeing patients as their PCP but were not listed on their card. All three MCOs have open PCP networks, so patients can see any in-network provider, even if they are not designated as their PCP on their card.

# Common Questions

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(Continued)

- If your patient would like to have you listed as their PCP, they can call their health plan's member services to get a new card.
- PCP assignments can be changed at any time.

# Common Questions

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- How do I file a grievance or appeal if I have an issue with one of the health plans?
- Answer: You can call the health plan directly to file a grievance or appeal. If you are unsatisfied with their resolution, you can then file an appeal to the State or request a State fair hearing.

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# KanCare Health Plan Presentations



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# Break

# More Questions? Contact Us

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**Call Us:** 1-800-933-6593

**Email Us:** [KanCare@kdheks.gov](mailto:KanCare@kdheks.gov)

**Go to Our Website:** [www.kancare.ks.gov](http://www.kancare.ks.gov)